

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023078

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2819

STATE FILE NUMBER

FILED JUN 21 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in lb

2 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Baptist Memorial

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY

OR TOWN

RAYTOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8958 E. 52<sup>nd</sup> TER.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALFRED

R.

HAGE

## 4. DATE OF DEATH

Month

Day

Year

MAY 23

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

MAY 1 - 1907

55

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

SALES MAN

REAL ESTATE

Sioux City, Iowa

U. S. A.

## 13a. FATHER'S NAME

CHRISTIAN HAGE

## 13b. MOTHER'S MAIDEN NAME

ANNA LOUISE JOHNSON

## 14. NAME OF HUSBAND OR WIFE

MARGARET HAGE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Margaret Hage

8958 E 52<sup>nd</sup> Ter.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Coronary Occlusion -

## INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

Ant. descending Branch lgt

DUE TO (c)

coronary

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

SUICIDE

HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

9<sup>00</sup> AM - 5-23-62, to 10<sup>00</sup> AM 5-23-62

and last saw him alive on

5-23-62

Death occurred at

10:20 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Raytown Clinic - Raytown Mo.

## 22b. ADDRESS

5-25-62

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

5-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

EATON CEMETERY

## 23d. LOCATION (City, town, or county)

(State)

REMOVAL

5-26-62

EATON CEMETERY

EATON

Raytown

Mo.

5-25-62

## 24. FUNERAL DIRECTOR

HINTON FUNERAL HOME

Raytown, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-26-62

## 26. REGISTRAR'S SIGNATURE

Ruth K Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest D. Goldsman

Licensed Embalmer No. 4714

P. O. Address K. P. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.